



STATE OF CALIFORNIA
INTERAGENCY INTERCEPT COLLECTIONS MS A460
FRANCHISE TAX BOARD
PO BOX 2966
RANCHO CORDOVA CA 95741-2966

TELEPHONE: 916.845.5344
FAX: 916.843.2460

Interagency Intercept Transmittal

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New Process Year Accounts

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Modification Request

1. Agency/College Name: _____ Agency Code: _____ Process year **20**

Address: _____

City: _____ ZIP Code: _____

2. Contact Name for Technical Information:

Name: _____

Address: _____ Phone: _____ . _____ . _____

City: _____ ZIP Code: _____

3. Contact Person for Cartridge Return (Disks/CDs require a written return request):

Name: _____

Address: _____

City: _____ Zip Code: _____

4. Cartridge Description:

Block Size: _____ Internal Label: ☐ Yes ☐ No Coding: ☐ EBCDIC ☐ ASCII

Disk/CD Description:

File Name: _____ System Type: _____

Total Number of Records: _____ Creation Date: _____

5. Mail your media file and transmittal notice to either address below, unless using Time Sharing Option:

(For regular mail)

STATE OF CALIFORNIA
DATA EXCHANGE UNIT AGY MS L120
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-6090

(For express mail)

STATE OF CALIFORNIA
DATA EXCHANGE UNIT AGY MS L120
FRANCHISE TAX BOARD
SACRAMENTO CA 95827-1501